SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

150

State File No. 38

Registered No. 38

PLACE OF BIRTH

County..... Gila

State..... Arizona

District or Township..... or Village.....

City..... Miami No. 56 Davis Canon St., ...Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child..... Belia Ponce

{ If child is not yet named, make supplemental report, as directed.

Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate?	7. Date of birth Jan 27 1928.
Female		5. No., in order of birth.....	yes	Month Day Year

FATHER		14.	MOTHER
8. Full name Felipe Ponce		Full maiden name Elisa Calvillo	
9. Residence (Usual place of abode) Miami, Arizona.		15 Residence (Usual place of abode) Miami, Arizona.	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race Mex.	11. Age at last birthday 24 (Years)	16 Color or race Mex.	17. Age at last birthday 19 (Years)
12. Birthplace (city or place) Chihuahua, Mex. (State or country)		18. Birthplace (city or place) Aguas Calientes, Mex. (State or country)	
13. Occupation Nature of industry Miner		19. Occupation Nature of industry Housewife	

20. Number of children of this mother..... Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living 1 (b) Born alive but now dead..... (c) Stillborn.....	21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 15 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Crow M.D.
Physician
(Physician or midwife).

Given name added from supplemental report.....

Month, day, year

945-127-536
Registrar

Address Miami, Arizona.

Filed Feb 5, 1928 R. E. Brown
Registrar